

MODIFIED WORK SCHEDULE REQUEST

*Submitting this request means you are aware of the conditions governing **Modified Work Schedules**.*

Employee Name	Employee ID Number	Date
Class and Level	Bargaining Unit	
Bureau	Division	
Date Modified Work Schedule is to Begin:	Date Modified Work Schedule is to End:	

First Week of Pay Period				
	Starting Time	Start	Lunch End	Quitting Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Second Week of Pay Period				
	Starting Time	Start	Lunch End	Quitting Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Employee Signature	Date
Supervisor Approval	Date
Bureau Approval	Date
Appointing Authority Approval	Date